

Covenant Not To Sue, Promise to Release Release of Liability

In consideration of acceptance into the above referenced City program, I do hereby, for myself, release the City of Casper and the officials, officers; agents and employees of the City of Casper Fire - EMS from liability for any harm, injury or damage which I may suffer while participating in the above described program. This includes all risks that are connected with this activity whether foreseen or unforeseen.

I agree to hold the City of Casper, its agents, officials and employees of the City of Casper Fire - EMS, harmless from any damage to persons or property, resulting from my negligence and/or intentional act.

I assume the responsibility of mental and physical fitness to participate in said program, and agree to abide by all rules and requirements of the program.

I am of lawful age and legally competent to sign this agreement. I understand the terms and have signed this document as my own free act.

I have Fully informed myself of the contents of this release by reading it before I signed it. I realize that by signing this document I am giving up legal rights which I may be entitled to.

Applicant's Signature

Date

Signed: _____

Ride-Along Application

Please Complete the Following:

Name: _____
(Last) (First) (Middle)

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Work: _____

Date of Birth: _____ Age: _____ Sex _____

Social Security Number: _____

Occupation: _____

Employer: _____

(Company name and address)

Days of the week you prefer to ride:

Have you ridden with CF-EMS before?

Yes _____ No _____ If Yes, when? _____

Fire Officer's Name: _____

DO NOT WRITE BELOW LINE

Date/Time Received: _____

ID Check: _____ Type/No. _____

Findings/Comments: _____

Take A Ride.....



With the Casper Fire - EMS



Casper Fire - EMS
Ride-Along Program

Dear Interested Citizen:

Welcome to the Casper Fire - EMS and our ride-Along Program. We are pleased that you have shown and interest in your fire department and want to participate in our program. We hope to provide you with a safe, informative experience and therefore ask that you adhere to the following rules and guidelines while participating in the Ride-Along Program.

1. You must be at least 16 years of age to participate in this program. Applicants under the age of 19 must obtain written Permission from their parent/guardian. Applicants under 19 are not permitted to ride beyond 2:00 a.m.
2. The application on the reverse side must be completed and returned to the CF-EMS Administration office a minimum of two weeks prior to riding.
3. Once approved, your application will be assigned to a Shift Commander, who will contact you and schedule a date and time to ride. Additional Information will be provided to you at that time.
4. Participants will report on time to the station designated by the Shift Commander.
5. A waiver of liability must be signed, and proof of ID presented before your ride-along will be scheduled.
6. You must always wear your seatbelt and be seated in the cab while on a fire department apparatus/vehicle.
7. You must remain in the apparatus/vehicle unless instructed to leave by a fire-EMS employee. There may be times when the fire employee feels, for safety reasons, that you should be dropped off at a safe location. Please do not be offended-this is for your safety.

8. No audio/video recorders, cameras, or recording devices are allowed without prior approval of the Fire Chief. Names of individuals involved in incidents or specific details of incidents cannot be disclosed by observers to members of the public, confidentiality is of utmost importance.
9. You must not become involved in any incident fire personnel are handling. This includes discussions of an incident with victims or witnesses.
10. For security and safety reasons, you are not allowed to use or handle any fire-EMS equipment.
11. You must wear neat, clean blue jeans or pants and a 100%, plain blue, cotton T-Shirt; all clothing should be appropriate for the season and weather. and a safety vest must be worn at night when outside of a fire - EMS vehicle. You are responsible for your own work-out clothing, money for meals and a sack lunch.
12. Each ride-along shift is to begin at 0800 and end at 1700 unless approved by the Shift Commander.

We are very excited about your interest in the Ride-Along Program. We encourage your Comments and suggestions about this program and CF-EMS

Sincerely,

Mark Young
Fire Chief

I, _____ have read and understand the above rules and guidelines pertaining to the Ride-Along Program.

Applicant's Signature

Date

Parent/Guardian if applicable

Covenant Not To Sue, Promise to Release Release of Liability; Parent or Guardian's Consent

Minor: _____

I/we, the undersigned, represent that I/we are the legally appointed or natural guardian(s) of the above-named person who is under the age of nineteen years, that he/she has signed the below document (Covenant Not to Sue, Promise to Release and Release of Liability) with our full knowledge and consent, and that I/we join in the execution of the same and agree to the terms thereof and do hereby find myself/ourselves in independent agreement with the same terms and provisions for myself/ourselves and my/ourselves and my/our heirs, executors, personal representatives and assigns.

Signature of Minor

Signature of Guardian (s)

Casper Fire-EMS Mission Statement

The Casper Fire - Ems Department will respond to the public safety needs of our community with skill and compassion